

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

*07 MAR 20 A10:35

III

STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

	(Type of F	mit Clearly)		
PARTI LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Rosehill,	Linda	К.	536-2611	
MAILING ADDRESS (Street)			FAX	
1088 Bishop Street	, Suite 1010		524-2628	
(City)	(State)	(Zip	Code)	
Honolulu,	HI	ò	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Rosehill & Associates				
MAILING ADDRESS (Street)			FAX	
Same as above				
(City)	(State)	(Zip	Code)	
	•			

PART II ORGANIZATIO	N	
NAME OF ORGANIZATION YOU	TELEPHONE	
Integrity Escrow A	447-6000	
MAILING ADDRESS (Street)		FAX
333 Queen Street, Suite A		447-6015
(City)	(State)	(Zip Code)
Honolulu,	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Dennis K. K. Ching		447-6000
MAILING ADDRESS (Street)		FAX
Same as above		
(City)	(State)	(Zip Code)
1		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
	Agriculture	Education	Human Services	Science, Technology & Economic Development	
	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		

PART IV CERTIFICATION OF	LOBBYIST			
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
Lale Phill		3-19-07		
✓ (Sig	nature of Lobbyist)	(Date)		
PART V AUTHORIZATION TO	LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Dennis K. K. Ching		President		
NAME OF ORGANIZATION (if applicable)		TELEPHONE		
Integrity Escrow And Title		447-6000		
MAILING ADDRESS (Street)		FAX		
333 Queen Street, Suite A		447-6015		
(City)	(State)	(Zip Code)		
Honolulu,	HI	96813		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
I Vlulle	\mathcal{U}	3-16-07		

(Signature of Authorizing Officer of Person Represented)

(Date)